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REVIEW OF
NATIONAL HIGH BLOOD PRESSURE EDUCATION PROGRAM
ACTIVITIES IN MINORITY POPULATIONS

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Institutes of Health

Review of
National High Blood Pressure Education Program
Activities in Minority Populations

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
National Institutes of Health
National Heart, Lung, and Blood Institute

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INTRODUCTION

High blood pressure (hypertension) contributes to thousands of deaths each year. Although it can be controlled, many people do not begin or maintain effective treatment. Left untreated, high blood pressure (HBP) can lead to heart disease, kidney disease, and stroke.

Although the prevalence rate rises steadily with age, hypertension also afflicts persons in the prime of their lives and in their most productive years. High blood pressure is more prevalent and more severe in blacks than in the general population. While it is estimated that one out of every six adults in the general population suffers from hypertension, an estimated one out of every four adult blacks has this disease. Prevalence data on other minorities are still scarce, but available information supports the need for improved high blood pressure control services for these populations.

Many of the estimated 56,000,000 members of minority groups in this country traditionally have experienced unique problems in accessing health care and health information. These difficulties often are compounded by such things as chronic unemployment; poor housing; language problems; lack of transportation; and lack of adequate, affordable child care. When national unemployment rates increase, the impact is usually felt even more in minority communities.

Socioeconomic status often is not considered in planning and implementing high blood pressure control efforts. Yet the 1979 Congressional Blue Ribbon Advisory Panel on the Treatment of High Blood Pressure in America found that 22.2 percent of black Americans have HBP, compared with 15 percent of whites. Furthermore, of the Americans aged 17 years and older with family incomes less than $5,000, 25.7 percent are hypertensives. In the case of the elderly (65 to 74 years old) with incomes less than $5,000, 40 percent have high blood pressure.[1]

The National Program

The National High Blood Pressure Education Program (NHBPEP), initiated in 1972, is a comprehensive effort of Federal, state,

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[1] U.S. Congress, House Select Committee on Aging, 96th Congress, First Session, 1979, p. 7.

and community programs working together to control the disease. The program focuses on increasing public and professional awareness of high blood pressure. The goal of all NHBPEP participants is to reduce high blood pressure-related death and disability through improved detection and treatment efforts.

Coordinated by the National Heart, Lung, and Blood Institute (NHLBI), of the National Institutes of Health (NIH), this joint national effort includes Federal agencies, state health departments, and private sector organizations, such as professional societies, voluntary health associations, certifying and accrediting bodies, pharmaceutical companies, labor and management groups, and insurance companies. Hundreds of community efforts are also allied with the program, and are involved in every facet of high blood pressure control.

In 1975, the NHBPEP determined that its potential impact on minority communities should be reviewed in light of the documented prevalence of HBP in the black community; the possibility that other minorities also may be at risk; and the impact of poverty and other inequities on access to health care for minority populations.

1975 Minority Forum

To begin the process of establishing formal channels of communication between minority communities and the program, NHBPEP convened the 1975 Forum on Hypertension in Minority Populations. The 2-day meeting was attended by health professionals from Asian and Pacific Island (Asian/Pacific), black, Hispanic, and Native American communities across the country.[2]

The forum represented an experiment in one form of communication. Through four working groups, community representatives shared information on high blood pressure control in minorities. In addition, they developed recommendations addressing aspects of HBP control such as research, funding, patient and provider relationships, and professional education.

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[2]As used here, the term Asian and Pacific Island populations includes permanent residents of Asian and Pacific Island ancestries in the United States and its territories. The term Hispanics includes Cubans, Mexican Americans, and Puerto Ricans.

Establishment of the Minority Committee

One of the most important recommendations from these conference participants called for establishment of a committee to oversee implementation of the 1975 Minority Forum recommendations. In November 1975, Dr. Robert Levy, Director of the National Heart, Lung, and Blood Institute, NIH, established the ad hoc Committee on Hypertension in Minority Populations (Minority Committee). This advisory group is composed of health professionals from Asian and Pacific Island, black, Hispanic, and Native American communities across the Nation: California, Florida, Hawaii, Maryland, New York, Oklahoma, South Dakota, Texas, and Washington, D.C.

In addition to their academic backgrounds, committee members represent a diversity of professional experiences. Among the members are: a former deputy director of the World Health Organization; president of the California-based East-West Academy of Healing Arts, devoted to the concept of holistic medicine; a former president of the American Public Health Association; director of the South Dakota United Indian Association; one of the first Native American radiologists; and the former medical director of San Francisco's Chinatown health clinic.

The objectives of the NHLBI Committee on Hypertension in Minority Populations are to assist in the development and review of NHBPEP plans for minority communities; to identify specific issues that impact on minority communities; to develop and assist in the transmission of high blood pressure control messages to and from minority communities; to advise and assist both the NHLBI Director and NHLBI Advisory Council on matters relating to hypertension control in minority communities; and to advise and assist NHLBI on grant and contract policies as they affect high blood pressure control.

In direct response to a 1975 forum recommendation that reliable data on HBP in minority populations be collected, the Minority Committee requested that the NHLBI sponsor a series of epidemiological studies on the prevalence of HBP in Alaskan/Native American, Mainland/Island Puerto Rican, Cuban, Mexican American, Asian/Pacific, and black populations. The National Heart, Lung, and Blood Institute has accepted this recommendation for consideration and has made a commitment to continue dialogue with the committee.

The Minority Committee also responded early to a forum recommendation involving mass communication strategies by initiating a National HBP Poster Project coordinated through the National Art Education Association. This poster project was designed to

promote hypertension awareness among primary, secondary, and college students; and to encourage creative expression of learned concepts. Ten posters created by students from a cross section of geographic, economic, and ethnic perspectives were chosen from the more than 400 submissions. Student designers of the 10 selected posters were brought to Washington, D.C., in May 1977, National High Blood Pressure Month, to receive awards for their participation in the project.

NHBPEP Minority Support Programs

In 1976, NHBPEP created the Minority Support Programs (MSP) component, in response to forum recommendations concerning the need for technical assistance and NHLBI staff support to Asian/Pacific, black, Hispanic, and Native American communities. The role of MSP includes development and implementation of strategies to ensure that the special health care needs of minorities are routinely considered in development of HBP control plans at all levels. MSP's approach has been to provide opportunities for information sharing about HBP control in minorities through conferences and workshops, publications, and staff development sessions. MSP works directly with minority communities to help them articulate their HBP control needs, and to assist in determination of the state-of-the-art regarding hypertension control in these groups.

Initially, the major activity of Minority Support Programs was a series of HBP conferences and workshops sponsored by the NHLBI Minority Committee. These conferences were developed in response to the lack of prevalence data on HBP in minority populations, and to facilitate information sharing between minority health professionals and organizations. The following section provides an overview of program activities from 1975 to 1980, which focused on each of the minority groups.

HBP CONTROL IN NATIVE AMERICANS

The first National Conference on High Blood Pressure Control in Native Americans was convened April 20-22, 1977, in Arlington, Virginia. Native American health professionals and paraprofessionals, consumers of health services, and volunteers considered ways to improve delivery and acceptance of HBP control services in their communities. Tribes represented were San Juan Laguna, Chippewa, Apache, Sioux, Lumbee, Lummi, Navajo, Pueblo, Peoria/Wea, and Cherokee/Choctaw.

Conference participants discussed the present state of knowledge of high blood pressure among Native American populations in the U.S.; the extent of screening, diagnostic, and treatment services available to this population to determine hypertension care needs; methods and resources available to serve the unmet health care needs of Native Americans; and skills needed for program planning, proposal writing, and delivery of services to hypertensives.

An important outcome of the National Conference on High Blood Pressure Control in Native American Communities was the development of recommendations regarding materials development, technical assistance, research, professional education, legislation, and advocacy. Below are selected conference recommendations.

1. Epidemiologic studies on the prevalence of HBP and its impact on mortality and morbidity in Native American populations be implemented in order to provide a data base for future planning.

2. Technical assistance be increased for planning and implementation of HBP control programs in Native American communities, both on and off reservations.

3. Increased efforts be made to disseminate materials and information on HBP control to all Native American communities.

4. Resources be made available for development of relevant health education materials by Native American organizations.

5. Increased research be instituted in the area of non-pharmacological treatment of hypertension and that special consideration be given to traditional Native American health beliefs.

6. The Association of American Indian Physicians review the 1975 *Joint National Committee Report on Detection, Evaluation, and Treatment of High Blood Pressure* and determine its applicability to Native American populations.

7. Funding be increased for HBP control activities in Native American communities.

8. In the implementation of any and all of the recommendations, the involvement of Native American individuals and organizations be top priority.

The *Proceedings of the National Conference on High Blood Pressure Control in Native American Communities* was produced and nationally disseminated (NIH Publication No. 79-1960).

Additional Native American Activities

- To further explore the impact of HBP on Native Americans, the Second National Conference on High Blood Pressure Control in Native American Communities was convened November 6-7, 1980, in Tulsa, Oklahoma. The meeting was held to develop methods for improving mobilization of resources for HBP control in Native Americans, and to increase the involvement of the Indian Health Service. Topics addressed at the meeting included the traditional treatment of HBP from a Native American perspective; training and utilization of ancillary health personnel in HBP control; resources available for HBP control; and development of protocols for screening, treatment, and control of HBP by the Indian Health Service. A summary report of this conference will be developed and disseminated.

- Association of American Indian Physicians accepted and endorsed the 1975-76 *Joint National Committee Report on Detection, Evaluation, and Treatment of High Blood Pressure* as relevant to Native Americans.

- The South Dakota United Indian Association developed a high blood pressure poster and brochure with a contract from the NHLBI. Wiconi developed these materials in the Sioux language, and worked with MSP to disseminate them to appropriate communities.

- A regional workshop on Managing Hypertension in Native American Populations was convened May 17-19, 1978. The workshop was cosponsored by the Seattle Indian Health Board, the NHLBI Minority Committee, the Washington Heart Association, and the Portland Area Indian Health Service. The workshop provided health professionals, physicians, nurses, health educators, pharmacists, physicians assistants, and community health representatives with methods and criteria for developing a comprehensive hypertension control program in Native American communities.

- MSP coordinated development of a position paper on Issues and Strategies for American Indians and Alaskan Natives in Hypertension and Cardiovascular Disease. This resource document addressed issues and strategies for screening, treatment, and control of HBP in Native Americans and Alaskan Natives.

HBP CONTROL IN ASIAN/PACIFIC POPULATIONS

The National Symposium on High Blood Pressure Control in U.S. Asian/Pacific Populations was held October 1-2, 1977, in San Francisco, California. Health professionals from the U.S. Chinese, Japanese, Korean, Filipino, Indochinese, Guamanian, and Samoan communities discussed current HBP control efforts in their respective populations and identified their specific HBP control needs. The conference was cosponsored by the California State Department of Health and the NHLBI Minority Committee.

Workshops were held to discuss the specific HBP control needs of U.S. Asian and Pacific Island communities; resources for HBP control; procedures used in HBP control programs; and increasing provider and public awareness of the dangers of hypertension. Listed below are selected recommendations from these workshops:

1. Provide special consideration and funds for epidemiologic, research, and demonstration projects to evaluate the relevant biochemical, environmental, and/or sociocultural factors that may be associated with the causation and severity of high blood pressure among U.S. Asian/Pacific populations for the purpose of developing and/or providing national management procedures.

2. Develop culturally sensitive written and audiovisual educational materials on HBP in the various Asian/Pacific languages for both consumers and providers.

3. Establish a national U.S. Asian/Pacific clearinghouse for collection and dissemination of data, publications, and materials related to funding for programs and research in HBP, in English and various U.S. Asian/Pacific ethnic languages.

4. Establish U.S. Asian/Pacific community-based programs for educating, detecting, treating, and providing followup care to Asian/Pacific hypertensives, with emphasis on the cultural and linguistic needs of these communities.

5. Emphasize prevention of illness and alter the "illness" model of health care delivery to that of a "preventative" model, both in education and training of providers.

The *National Symposium on High Blood Pressure Control in U.S. Asian/Pacific Populations Summary Report* was published and disseminated nationally (NIH Publication No. 79-1609).

Additional Asian/Pacific Activities

- The Hypertension Workshop for Nurses/Health Providers was convened in March 1979 for public health nurses on the Hawaiian Islands of Hilo, Kauai, Molokai, Kona, Maui, and Oahu. Sponsors of this professional education workshop were the Hawaii Nurses' Association, Hawaii State Department of Health, and the NHBPEP. The primary objective of this workshop was to update the health providers' knowledge and skills pertinent to nursing management of HBP in Asian/Pacific populations.

- On March 30, 1979, the Seminar on High Blood Pressure Control in Hawaii and the U.S. Trust Territories was convened in Honolulu, Hawaii. This regional workshop focused on the prevalence of HBP in Asian/Pacific populations, community outreach efforts, diet and nutrition, and traditional nonpharmacological approaches to hypertension control.

HBP CONTROL IN HISPANICS

Cubans

The Seminar on Hypertension in the Cuban Population was convened on December 19, 1977, in Miami Beach, Florida. This was the first forum specifically held to discuss this health issue among Cubans in this country. The objective of this meeting was to create an awareness of HBP and its consequences as a serious health problem for the Cubans who have made Florida their home. Participants included officials from Dade County Department of Health, Cuban health professionals and community leaders, as well as representatives from NHLBI and NHBPEP.

Topics presented simultaneously, in both Spanish and English, included the socioeconomic and cultural impact of the Cuban exodus, HBP in the Cuban community in Florida, and development of programs for HBP detection, treatment, and education.

Seminar participants made the following recommendations to the NHBPEP:

1. Formation of an advisory board to serve as a permanent committee for the study of the problem of HBP among the Cuban population.

2. Development of a program plan to determine the incidence of and different approaches to reduce morbidity and mortality caused by hypertension among the Cuban population.

3. Establishment of a parallel education program geared to educate the Cuban population about the importance of HBP as a cause of disease and death. The education program should also encompass the need for proper nutrition and physical fitness as ways of improving general health and preventing the consequences of uncontrolled high blood pressure.

Mexican Americans

The California Conference on High Blood Pressure Control in the Spanish-Speaking Community was held in Los Angeles, April 1-2, 1978. Cosponsored by NHBPEP and the California State Department of Health, the conference was convened to explore the implications and impact of hypertension in California's Spanish-speaking populations. Among the participants from Mexico and California were experts in the health field who represented all levels of government, public and private health care providers, consumers, and health care services.

Six workshops were held during the conference to address such issues as HBP research and evaluation--concerns in the Spanish-speaking community; coordination of existing resources for effective hypertension programs; practical nutritional approaches to HBP control; and legislation and hypertension control. Selected recommendations from these workshops are listed below. The complete list of recommendations is included in the *California Conference on High Blood Pressure Control in the Spanish-Speaking Community Summary Report* (NIH Publication No. 79-1959).

1. Epidemiologic studies be conducted on the prevalence of high blood pressure and its impact on mortality and morbidity in the California Spanish-speaking community, to provide a data base for future planning.

2. Develop a Spanish-speaking film for national distribution on the general aspects of hypertension. Then provide modified films on more specific aspects of hypertension (such as dietary management), which are geographically and culturally relevant to Spanish-speaking communities.

3. This conference endorses the efforts of the California State Health Department that is developing a bilingual and bicultural screening, education, and data collection program for the Hispanic population. Results of the data collection should be published in Spanish, and disseminated to the Hispanic population.

4. There should be Hispanic professional and community input into the Impact Study on High Blood Pressure currently being implemented by the California State Department of Health (i.e., methodology, research design, fielding the study).

5. Have the California State Health Department's High Blood Pressure Program work with the National High Blood Pressure Education Program to compile an updated directory of all HBP programs aimed at Spanish-speaking communities. Then develop a handbook on model patient education programs for these communities. The handbook should include a list of resources, bibliography, films, and techniques for planning, programming, implementing, and evaluating programs.

6. Programs on weight and obesity, stress and anxiety avoidance, and general health awareness be promoted among adolescents, with special emphasis on school-based programs.

Puerto Ricans

Convened November 10, 1978, in New York City, the First Conference on Hypertension Among Puerto Ricans provided a forum for

exchanging information about the nature, detection, and treatment of HBP in the Puerto Rican community in the New York City metropolitan area.

Conference participants included health professionals and paraprofessionals, consumers, and volunteers providing health services to Puerto Ricans. Topics addressed included the place of Puerto Ricans in the national scene, health education and outreach, trends in research, and funding resources for HBP control.

Even in workshops where comprehensive ambulatory care was not emphasized as the most efficient way to address the hypertension problem, participants suggested that isolated screening programs and treatment methods were seriously lacking in effectiveness. The lack of adequate health education as a preventive tool was recognized as one of the serious deficits in all programs. Raw data currently available are inadequate, which means more research is imperative. Conference participants concluded that serious, culturally-oriented research is needed to determine the kinds of treatment and health education programs best suited to the Puerto Rican population.

Throughout the workshops, several themes emerged consistently: health education and prevention, family-oriented comprehensive care, and research. An adjunct to the recommendations made by conference participants was that this conference group gain recognition as a resource group in the Greater New York region for hypertension and related health problems in the Puerto Rican community. The following are selected recommendations from the workshops:

1. Hypertension control programs should be designed so that research can be obtained concurrently. That is, while treatment is being provided, data should be collected and analyzed to assess the extent and distribution of the problem among Puerto Ricans.

2. A multidisciplinary approach to hypertension among Puerto Ricans is needed, with particular attention to demographic variables. Special consideration should be given to the degree to which unemployment and underemployment create stress and impact on the daily lives of Puerto Ricans. Hypertension as a stress-related illness must be investigated within a more comprehensive perspective.

3. Hypertension control and prevention should be a service component of more holistic, family-oriented, ambulatory care programs, rather than separate hypertension control and prevention.

4. Mass media including Spanish radio and television stations must be used to educate the public on the dangers of HBP and make them aware of programs in their communities.

5. Research should be conducted to establish health norms and cultural norms, with findings incorporated into training of health professionals and health planners in the Puerto Rican community.

The First Conference on Hypertension Among Puerto Ricans Summary Report (NIH Publication No. 80-1962) was published and disseminated nationally.

Additional Hispanic Activities

- On September 13-14, 1979, the Baylor College of Medicine and the NHBPEP cosponsored a regional conference in Houston, Texas, on Communicating with Mexican Americans: Por Su Buena Salud (Communicado con México Americanos: For Their Good Health). The purpose of the meeting was to identify effective communication strategies for the utilization of mass, special, and interpersonal media intended to reach Mexican Americans, while simultaneously motivating them to take positive health actions. Invited participants represented the areas of business, health care, education, and communication. Three major workshop sessions were devoted to: sociocultural factors affecting health communications, health values and perceptions affecting communications, and the use and evaluation of media in designing effective health education/information programs. The *Proceedings of the Conference on Communicating with Mexican Americans: Por Su Buena Salud* (NIH Publication No. 81-1961) was developed by the Baylor College of Medicine Communications Core for national dissemination.

Findings from the Baylor Communications Conference were presented at the International Communication Association's annual conference, held May 18-23, 1980, in Acapulco, Mexico.

- A Spanish High Blood Pressure Poster was developed by Upjohn, Incorporated. In September 1977, MSP coordinated distribution of the poster to approximately 2,500 Hispanic persons and community organizations. Included with the poster was a survey form requesting receivers to evaluate the poster and indicate whether or not a Spanish version of the NHBPEP "Facts and Fiction" brochure was needed. Responses were favorable toward the poster, and in support of the brochure translation. As a result, "Facts and Fiction" was translated into Spanish and included in the NHBPEP High Blood Pressure Month materials for May 1978.

HBP CONTROL IN BLACKS

On December 6-7, 1979, black professionals representing the fields of economics, insurance, cardiology, sociology, and health education met on the NIH campus to consider the Economic Costs of High Blood Pressure in the Black Community. Discussions focused on the economic impact of HBP in blacks, and the relationship of this impact to retention and treatment of previously diagnosed hypertensive patients. Among the issues discussed by this working group were health legislation and HBP control; the economic impact of preventive medicine; lifestyle changes; work-setting as a site for HBP control; and research in a university setting. Selected preliminary recommendations from the working group are listed below:

1. Develop demonstration projects to determine innovative ways to use existing social support systems in the black community, such as the black media, churches, social clubs, fraternities, sororities, and religious organizations to decrease the disability of black males caused by undetected HBP and other related chronic diseases.

2. Develop demonstration projects to identify ways of reeducating and redeploying existing personnel in hospitals and health centers to achieve an effective level of patient and family education.

3. Conduct studies on the economic factors involved in HBP control, including data on the cost of disabilities and days lost from work, as well as the resulting lack of productivity in many black areas.

The working group will reconvene in 1981 to continue its deliberations. Copies of the minutes of the first working session are available from MSP. A summary report of the group's findings will be produced for national dissemination.

Additional Black Activities

- In October 1977, Dr. Robert Levy, Director of the National Heart, Lung, and Blood Institute, NIH, initiated the National Black Health Providers Task Force on High Blood Pressure Education and Control (BHPTF). He charged the BHPTF to examine issues and make recommendations about the roles of black health care providers in HBP control; ways to reach segments of the black population who may be at high risk for HBP, but are not being reached by current programs; current activities for black health care providers in HBP control; and suggestions for overcoming barriers to enhanced interaction and cooperation between black providers and HBP programs.

The BHPTF consisted of black leaders from national associations of health professionals, representatives of the legal profession, and representatives of the executive and legislative branches of the Federal Government. Their goal was to obtain consensus on the role of black health care providers in the detection, treatment, and management of hypertensive patients.

For 20 months the BHPTF studied the problems associated with improving control of uncontrolled HBP in the black community. Task force recommendations were presented at the 1979 White House Conference, sponsored by the National Heart, Lung, and Blood Institute, NIH. These recommendations covered the following areas: provider roles, community education, biomedical and epidemiological research, policy and research issues for delivery systems, health education, behavioral studies related to hypertension, manpower, pediatric hypertension, financial issues, and roles of physicians assistants and nurse practitioners. These recommendations were not only intended for use by NHLBI and other agencies of the Federal Government, but also by health care providers themselves, representatives of large-scale delivery systems, financing organizations, and community organizations.

The *Final Report of the National Black Health Providers Task Force on High Blood Pressure Education and Control* (NIH Publication No. 80-2187) contains a detailed account of the task force's deliberations and recommendations. The *Review and Response to the Final Report of the National Black Health Providers Task Force on High Blood Pressure Education and Control* (NIH Publication No. 80-2187) presents NHLBI's response to these recommendations. Also included is a statement on NHLBI's involvement in the spectrum of health research, and an appendix summarizing the Institute's planning process. Both reports are being disseminated nationally by the NHBPEP.

- The Five-Site High Blood Pressure Control Demonstration Project, announced in August 1980, is a direct response to the recommendations of the Black Health Providers Task Force. This project is being cosponsored and supported by the NHLBI and the Health Services Administration (HSA).. The program involves grants support to develop and operate model high blood pressure education and control systems under state coordination within primary health care centers. The five sites are: two rural and predominately black, two urban and predominately black, and one rural and predominately Hispanic. The selected programs will focus on improved delivery of HBP control through training, treatment and control, public and continuing education, coordination of resources, and expanded roles for health providers. The goal is to conduct and evaluate a HBP control program that can be replicated in most ambulatory care settings in underserved black and Hispanic

populations. This program will use findings of the Hypertension Detection and Followup Program and the Black Health Providers Task Force recommendations to establish more aggressive treatment and education programs, to increase the number of hypertensives maintaining blood pressure at reduced levels.

- NHBPEP supported development of a 30-minute play script, targetted for audiences from 18 to 50 years old. The story line is about a black man with uncontrolled high blood pressure. His immediate family appears to understand his condition and tries to help him follow the prescribed therapy. But his unwillingness to take his medication and his misconceptions about the disease lead to a mild stroke. The script includes full stage directions and production suggestions tailored especially to fit the needs of amateur production groups. It is adaptable for production by community organizations such as churches, civic associations, and schools; and can be used as a health education tool to modify health behaviors in a social support setting.

1980 MINORITY FORUM

The 1975 Minority Forum served as a vehicle to begin to establish formal channels of communication between minority populations and the NHBPEP. Five years later, the 1980 Forum on Hypertension in Minority Populations, convened in Washington, D.C., served as an occasion to document the effect of this national health education effort in minority populations. This meeting was cosposnored by the NHLBI Minority Committee and the Health Services Administration.

Participants included minority health professionals as well as nonminority providers serving minority communities. They described current hypertension control efforts in Asian/Pacific, black, Hispanic, and Native American communities, with particular emphasis on innovative techniques.

Representatives from minority populations served as faculty for discussion sessions on health education approaches to culturally diverse populations; model HBP control programs in minority communities; cultural implications in the dietary management of hypertension; and communications strategies for reaching minorities. At a plenary session on the economic costs of HBP in minority communities, attention was focused on health legislation and hypertension control, and the problem of severe hypertensives in medically indigent populations.

The *Proceedings of the 1980 Forum on Hypertension in Minority Populations* will be developed for dissemination throughout the U.S. and its territories.

Other Minority Activities

Through Minority Support Programs, NHBPEP continues to impact on high blood pressure control activities in minority communities. The following is an overview of these activities in the areas of: (1) materials development; (2) media projects; and (3) minority representation on working groups and committees.

Materials Development

MSP has contributed to the literature on HBP in minorities through publication and national dissemination of conference reports. MSP has provided assistance in both development and review of NHBPEP materials designed for minority audiences. Specifically, two brochures have been produced for black and Hispanic low-reading-level audiences: Blacks and High

Blood Pressure (NIH Publication No. 81-2024) and Alta Presión de la Sangre (NIH Publication No. 81-2025).

With input from the Minority Committee and representatives of ethnic communities, MSP developed a series of four high blood pressure posters entitled: "Their Future is in Your Hands. Treat Your High Blood Pressure Every Day." Aimed at black, Asian/Pacific, Hispanic, and Native American populations, these colorful posters depict children and symbols representative of each of the four cultures. The concept of family interest and protection as an incentive for therapy maintenance is emphasized. Through a national dissemination effort, posters were mailed to minority health professionals and organizations, as well as nonminority health providers and organizations serving minority communities.

Media Projects

The public information and education component of NHBPEP has been conscious of the needs of minority populations since the beginning of the national program. NHBPEP recognizes that any adaptation of public service messages for general audiences to minority audiences must reflect socioeconomic and cultural differences. Effective messages must begin with knowledge of specific needs of the target group, extend to precise communications strategy selection, concept development and testing, production and dissemination, and finally a detailed assessment of public education results.

In the beginning of the program, the public service announcements did not focus on minority audiences, although some radio messages were aimed at black and Hispanic listeners. The first television spot targeted for blacks reflected the program's early message that high blood pressure was like a time bomb inside undetected hypertensives. A later spot called "Partners," received a national award for Communications Excellence to Black Audiences.

The most recent television spot aimed at blacks is called "Telephone Lineman" and is being aired. This message was tested thoroughly, using the Health Message Testing Service of the U.S. Department of Health and Human Services. Test results showed that this spot received the highest attention score and the second highest main idea recall score of any health message on any subject ever tested.

In the first Spanish-language television spot the message was presented well, but it was determined that it did not include sufficient emphasis on therapy maintenance. However, the more

recently produced Hispanic spot emphasizes the positive appeal as well as the importance of the family's role in HBP control.

In addition to messages for black and Hispanic audiences, NHBPEP also produced a television spot aimed at Native Americans, which featured characters from a single tribe and was ethnically accurate. This is believed to be the only health education message ever produced by a national program that uses Native Americans in the cast.

Other minorities are featured as part of the program's current television campaign. The objective of the program in these cases is to portray minorities as having special HBP control needs; but, more importantly, to portray them as aware hypertensives facing the same problems as everyone else.

Increased Minority Representation on Committees

MSP has served as a liaison between the NHBPEP and minority organizations. As a result, more minority organizations now participate in annual National High Blood Pressure Month promotional mailings to their memberships. Organizations now involved in HBP Month activities include the National Medical Association, National Dental Association, National Black Nurses Association, Association of American Indian Physicians, National Optometric Association, National Council of Negro Women, National Pharmaceutical Association, and the National Urban League.

Through the Minority Consultant Roster, minority health professionals interested in working with the national program have been identified. These experts have provided technical assistance in areas such as program planning and development, patient and professional education, and materials development and review. Minority representatives served on the 1980 Joint National Committee on Detection, Evaluation, and Treatment of High Blood Pressure;[3] and the National High Blood Pressure Coordinating Committee, an advisory committee composed of representatives of groups participating in the NHBPEP. Minority organizations represented

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[3]The 1980 JNC was established to review, revise, and augment earlier recommendations of Task Force I and the 1975-76 Joint National Committee. The Report of the 1980 JNC presents consensus recommendations from representatives of professional organizations interested in hypertension for health care providers to use in detecting, referring, evaluating, and treating persons with high blood pressure. These recommendations are effective for the management of most patients with essential hypertension.

on the Coordinating Council include the National Medical Association, National Dental Association, National Optometric Association, and the National Black Nurses Association. Minorities were also represented on the Interdisciplinary Task Force on Provider Roles and the Working Group on Critical Patient Behaviors in the Dietary Management of High Blood Pressure. Furthermore, as a result of increased involvement with other Federal agencies such as the Health Services Administration, MSP identified minority health professionals to serve on review teams for 317(a) supplemental grants aimed at high risk, hard-to-reach populations.

SUMMARY

The National High Blood Pressure Education Program officially began to explore many issues related to hypertension in Asian and Pacific Islanders, blacks, Hispanics, and Native Americans at the 1975 Minority Forum. Since that conference, HBP control activities have been carried out in minority communities across the country.

Special health care needs of these populations have been addressed at minority conferences and workshops organized by the NHLBI Minority Committee in cooperation with community representatives. The information sharing and networking that commenced 5 years ago has proved to be an ongoing process. Furthermore, recommendations from conference and workshop participants have been accepted and, in many instances, implemented through the NHBPEP and the National Heart, Lung, and Blood Institute, National Institutes of Health.

As a result of the efforts of Minority Support Programs, more minority health professionals and organizations are regular NHBPEP participants. More program materials have been developed specifically for minority audiences. Both minority and nonminority health care providers and service deliverers in various settings recognize the need for more prevalence data and epidemiological studies in these communities. Exemplary media campaigns have been targetted to these culturally diverse groups. Equally important, NHBPEP staff are more interested in and sensitive to special health care needs of minorities, which are now routinely considered in program planning and implementation at all levels.

There is still much to accomplish in this area. Activities reviewed in this document are only a beginning, but they demonstrate that a multiethnic approach to hypertension control can work when such an effort enjoys widespread support.

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